

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002142

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

157 3028 10
FILED JAN 24 1963VS 300
Rev. 4/59

0497

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 40 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle L. Last STEELE		4. DATE OF DEATH Month Jan. Day 12 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired equipment man		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	
11. BIRTHPLACE (City and state or country) Stone County, Ark		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME not available		13b. MOTHER'S MAIDEN NAME not available	
14. NAME OF HUSBAND OR WIFE Ivah Smith Steele		Address Carthage, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. 02 Mrs. Leo Carver, 1125 Prospect	
17. INFORMANT 12 Mrs. Leo Carver, 1125 Prospect		Interval BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Kidney with Metastases (Abdominal Carcinomas) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 9:15 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		Month, Day, Year 1-4-60	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Carthage, Mo		COUNTY Webb STATE Mo	
21. I attended the deceased from 1-4-60 to 1-12-63 and last saw him alive on 1-12-63 Death occurred at 9:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Steele (Degree or title) M.D.		22b. ADDRESS 1515 Hazel, Carthage, Mo	
22c. DATE SIGNED 1-13-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-15-63	
23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		23d. LOCATION (City, town, or county) Webb City, Mo	
24. FUNERAL DIRECTOR KNELL MORTUARY		ADDRESS Carthage, Mo	
25. DATE RECD. BY LOCAL REG. 1-14-63		26. REGISTRAR'S SIGNATURE Edy Clinton	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John A. McConnell, Student Embalmer No. 683
working under my personal supervision.

Student

John A. McConnell
Signature of Student Embalmer

Signed

Frank W. Kneel

Licensed Embalmer No.

4440

P. O. Address

Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.